

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Aaron Abadi	SDNY PRO SE OFFICE <i>2023 Nov - 3 PM 8:57</i>	COURT CASE NUMBER 23cv4033
DEFENDANT American Airlines Group Inc, et al		TYPE OF PROCESS Summons & Complaint
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NATIONAL INSTITUTES OF HEALTH ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 9000 ROCKVILLE PIKE BETHESDA, MARYLAND 20892		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Aaron Abadi 82 Nassau Street Apt. 140 New York, NY 10038	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of. <i>T. Arora</i>	PLAINTIFF <input checked="" type="checkbox"/>	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		9/5/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 85/87	District of Origin No. 054	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 9/6/2023
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

X I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)	
Name and title of individual served (if not shown above)	Date 10/24/23 Time 11:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>
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Costs shown on attached USMS Cost Sheet >>

REMARKS

General address given, no direct point of contact or room and building number given. Called office of General Counsel 301-496-6043 no response. Needs more direct address and name of who to serve

Civil Action No. 23cv4033

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

NIH

This summons for (name of individual and title, if any)
 was received by me on (date) 10/24/23

I personally served the summons on the individual at (place)

on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) _____ , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____ , who is

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____ ; or

I returned the summons unexecuted because No specific point of contact given ; or

Other (specify):

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date:

10/24/23



Server's signature

Amelia Ceniraa Dusm
Printed name and title

6505 Cherrywood Lane
Greenbelt MD 20770
Server's address

Additional information regarding attempted service, etc:

1 DUSM
1 HOUR
26 miles